**Consent of individual to be specified as designated premises supervisor**

|  |  |
| --- | --- |
| I,  |       |
|  | *[full name of prospective premises supervisor]* |
| of |       |
|  | *[home address of prospective premises supervisor]* |
| hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for |
|       |
| *[type of application]* |
| by |       |
|  | *[name of applicant]* |
| relating to a premises licence |       |
|  | *[number of existing licence, if any]* |
| for |       |
|  | *[name and address of premises to which application relates]* |
| and any premises licence to be granted or varied in respect of this application made by |
|       |
| *[name of applicant]* |
| *concerning supply of alcohol at* |
|       |
| *[name and premises to which application relates]* |
| I also confirm that I am entitled to work in the United Kingdom, and am applying for, intend to apply for or currently hold a personal licence, details of which are set out below: |
| Personal licence number      |
| *[insert personal licence number, if any]* |
| Personal licence issuing authority      |
| *[insert name and address and telephone number of personal licence issuing authority, if any]* |
| Signed |  |
|  |  |
| Name (print) |       |
|  |
| Date |       |